FEC FORM 2 STATEMENT OF CANDIDACY



DR 18 AM 8: 15 (a) Name of Candidate (in full) Turner, Michael, R, Rep., (b) Address (number and street) ☐ Check if address changed 2. Candidate's FEC Identification Number 5815 Stone Lake Drive H2OH03067 (c) City, State, and ZIP Code Is This 3. New Amended 45429-6064 OR Dayton OH Statement (N) (A) 4. Party Affiliation 5. Office Sought 6. State & District of Candidate REPUBLICAN PARTY House **DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE** 7. I hereby designate the following named political committee as my Principal Campaign Committee for the (year of election) NOTE: This designation should be filed with the appropriate office listed in the instructions. (a) Name of Committee (in full) Citizens for Turner (b) Address (number and street) 120 W 2nd Street **Suite 1510** (c) City, State, and ZIP Code OH 45402-1603 Dayton **DESIGNATION OF OTHER AUTHORIZED COMMITTEES** (Including Joint Fundraising Representatives) 8. It hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. NOTE: This designation should be filed with the principal campaign committee. (a) Name of Committee (in full) **Turner Victory Fund** (b) Address (number and street) 824 S Milledge Avenue Suite 101 (c) City, State, and ZIP Code Athens GA 30605-1332 I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Signature of Candidate Turner, Michael, R, Rep., 04/10/2017 NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

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PREPARER (3/2015)

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